CLAIMS ONLY				Application Number 10605973			Filing Date
				Applicant(s)			

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	i						51						
2		i					52						
3		i					53						
4		i					54						
5		i					55						
6		i					56						
7	⌀	i					57						
8		i					58						
9		i					59						
10		i					60						
11		i					61						
12		i					62						
13		i					63						
14	i						64						
15		i					65						
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17		i					67						
18		i					68						
19	i						69						
20		i					70						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend	17						Total Depend						
Total Claims	20						Total Claims						